PTO/SB/17 (12-04)
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TRANSMITTAL for FY 2005

Fees pursuant to the Consolidated Approriations Act. 2005 (H.R. 4818).

Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 130

Complete if Known					
Application Number	10/825,153				
Filing Date	April 16, 2004				
First Named Inventor	JOHANNES CORNELIS DRIESSEN				
Examiner Name	Paul M. Gurzo				
Art Unit	2881				
Attorney Docket No.	081468-0309282				

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
X Deposit Account Deposit Account Deposit Account Deposit Account Name: See 1 in Addendum							
For the above-identi	imber: fied deposit acc	ount, the Director	is hereby author	ized to: (check	all that apply)		
X Charge fee(s) indicated belo	w		Charge fee(s) indicated belo	ow, except for th	ne filing fee
Charge any a under 37 CF	additional fee(s) R 1.16 and 1.17	or underpayment	of fees(s)	Credit any ov	verpayments		
WARNING: Information on this card information and authorizat			ard Information sho	ould not be includ	ded on this form.	Provide credit	
FEE CALCULATION							
1. BASIC FILING, SEA	ARCH, AND	EXAMINATION	ON FEES				
	FILING FEES			H FEES	EXAMINA	TION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	100	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	· · · · · · · · · · · · · · · · · · ·
Provisional	200	100	o	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 200 100 360 180							
Total Claims 19 - 20 or HP = 0 HP = highest number of to	tal claims paid f xtra Claims	X	<u>Fee Pa</u> =	0.00	Multiple De Fee (\$)	ependent Claim <u>Fee I</u>	<u>s</u> Paid (\$) ———
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets							
Non-English Specification, 130 fee (no small entity discount) Other: 1814/2814 Statutory disclaimer fee 130.00							

SUBMITTED BY	arzes		
Signature	CO (7801)	Registration No. (Attorney/Agent) 47418	Telephone 703905.2261
Name (Print/Type)	Emily T. Bell		Date August 4, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Attorney's Docket 081468-0309282 @nt Reference: P-0218.020-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

E PATENT APPLICATION of: OHANNES CORNELIS DRIESSEN ET

Confirmation Number: 7863

AL.

Application No.: 10/825,153

Group Art Unit: 2881

Filed: April 16, 2004

Examiner: Paul M. Gurzo

For: LITHOGRAPHIC APPARATUS, DEVICE MANUFACTURING METHOD, AND

DEVICE MANUFACTURED THEREBY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

	CLAIMS									
	REMAINING	HIGH	EST NO.							
	AFTER PREVIOUSLY PRESENT							ADDIT		
	AMENDMENT	PAI	PAID FOR		EXTRA RATE		\TE		FEE	
						Х				
TOTAL	19		20	_=_	0	\$	50.00	=	\$	0.00
						X				
INDEP.	3	_	3	=	1	\$	200.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. +										
CLAIM						\$	360.00	=	\$	0.00
TOTAL ADDITIONAL CLAIM FEE								\$	0.00	
GRAND TOTAL								\$	0.00	
SIGNO TOTAL									Ψ	0.00

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: August 4, 2005

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